2.4.5. Survival Patterns by Race and Sex

Mortality data have several advantages over morbidity data. They are relatively easily obtained on a generally unambiguous event -- there are no degrees of death. These data are easily understood and reveal the impact of AIDS with some lag. Clearly, deaths attributed to HIV infection coded by ICD-9 code 042 are not the only AIDS-specific deaths; deaths from related opportunistic illnesses (OIs) are not coded as AIDS deaths and are often missed. Recent trends in HIV-related mortality reflect trends in HIV transmission several years earlier and therefore underestimate the impact on groups recently affected before the full course of the disease has manifested itself. Death data are also of limited use due to lack of mode of exposure as a variable for analysis. Since death data are especially important to use in computing case-fatality rates and survival times, adjustment for under-reporting is recommended but is not undertaken here.

A paramount question concerning AIDS cases pertains to length of survival. Table 2.4.2 presents mean survival times up through December, 1995 for AIDS cases by year of diagnosis, race and sex. To compute average survival times for each cohort, the first step is to sum the length of time in months that each case, dead or alive, has survived since diagnosis. Then, to create the average, this total survival time is divided by the number of AIDS cases comprising the cohort.

Sex differentials in mean survival times are more consistent in direction than are those for race. In nine of the twelve diagnostic AIDS cohorts distinguished in Table 2.4.2, males exhibit longer survivorship than their female counterparts. The largest differentials characterize the diagnostic cohorts from 1986 through 1991. Within those cohorts, only females in the 1988 cohort are surviving longer than male counterparts. But the sex differential has narrowed sharply over most of the observation period.

In a majority of cohorts, a higher percentage of whites survived through the period than did blacks. Similarly, males manifested a survival advantage over females (Table 2.4.3).

2.4.6. Living with AIDS

According to recent research by the STD/HIV Program of the TDH, 10-20% of AIDS cases have no mention of HIV on the death certificate. The causes of death coded may be particular opportunistic illnesses (OIs). There are 9 OIs with the highest predictive value for underlying HIV. They are toxoplasmosis, cryptosporidiosis, progressive multifocal leukoencephalopathy, pneumocystis carinii pneumonia, cytomegalovirus, nontuberculosis mycobacteria, cryptococcosis, histoplasmosis, and nonmelanoma skin cancer such as Kaposi's sarcoma. The majority of AIDS cases with these causes of death on 93 death certificates surveyed